

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13461

FILED MAY 11 1953

State File No. 177
Registrar's No. 177

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		State File No. 177 Registrar's No. 177	
1. PLACE OF DEATH a. CITY <u>CALLOWAY</u> 0143				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u> 0146			
b. CITY (If outside corporate limits, write RURAL and give town) <u>FULTON MISSOURI</u>		c. LENGTH OF STAY (in this place township) <u>54 yrs</u>		c. CITY OR TOWN <u>Olean</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1</u>				e. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First)		b. (Middle)		c. (Last) <u>HINCHMAN</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct Not given</u>	
9. AGE (In years last birthday) <u>84.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Keeping own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jerseyville Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Not Given</u>		13b. MOTHER'S MAIDEN NAME <u>Not Given</u>		14. NAME OF HUSBAND OR WIFE <u>Not Given</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records Fulton Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES <u>Myo-carditis</u> <u>Generalized Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>two days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Here since 1899</u> , to <u>May- 5th</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May- 5th</u> , 19 <u>53</u> , and that death occurred at <u>4:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. J. Lawrence</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fulton Missouri</u>		23c. DATE SIGNED <u>5/5/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>May 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Callaway Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 9-1953</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u>		ADDRESS <u>Fulton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3722

P. O. Address..... Fulton St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.